

**Psych Services of Roane County, Inc.**  
141 Main Street  
Spencer, WV 25276  
Phone: (304) 927-5262/Fax: (304) 927-0378

**Psych Services of Roane County, Inc.**  
141 Main Street  
Spencer, WV 25276  
Phone: (304) 927-5262/Fax: (304) 927-0378

**Psych Services of Roane County, Inc.**  
141 Main Street  
Spencer, WV 25276  
Phone: (304) 927-5262/Fax: (304) 927-0378

**Psych Services of Roane County, Inc.**  
141 Main Street  
Spencer, WV 25276  
Phone: (304) 927-5262/Fax: (304) 927-0378

**Licensed Psychologist**  
Dr. John Kampsnyder, Ph.D  
Janice Blake, M.A.  
Barbara Holcomb, M.A., M.A.  
Dr. Laura Bickett, Ph.D

**Licensed Psychologist**  
Dr. John Kampsnyder, Ph.D  
Janice Blake, M.A.  
Barbara Holcomb, M.A., M.A.  
Dr. Laura Bickett, Ph.D

**Licensed Psychologist**  
Dr. John Kampsnyder, Ph.D  
Janice Blake, M.A.  
Barbara Holcomb, M.A., M.A.  
Dr. Laura Bickett, Ph.D

**Licensed Psychologist**  
Dr. John Kampsnyder, Ph.D  
Janice Blake, M.A.  
Barbara Holcomb, M.A., M.A.  
Dr. Laura Bickett, Ph.D

**Licensed Psychologist**  
Dr. John Kampsnyder, Ph.D  
Janice Blake, M.A.  
Barbara Holcomb, M.A., M.A.  
Dr. Laura Bickett, Ph.D

**Supervised Psychologist**  
Chun Chun Ng (Dorothy), M.A.  
Pamela Timmons, M.A.  
James Taylor, M.A.

**Supervised Psychologist**  
Chun Chun Ng (Dorothy), M.A.  
Pamela Timmons, M.A.  
James Taylor, M.A.

**Supervised Psychologist**  
Chun Chun Ng (Dorothy), M.A.  
Pamela Timmons, M.A.  
James Taylor, M.A.

**Supervised Psychologist**  
Chun Chun Ng (Dorothy), M.A.  
Pamela Timmons, M.A.  
James Taylor, M.A.

## CHILD INFORMATION FORM

Child's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_

Whom does the child presently live with? (Provide name and relationship): \_\_\_\_\_

Who is the legal guardian/primary custodian of this child? \_\_\_\_\_

Who referred you here? (Name/Position)\_\_\_\_\_

May I thank that person or agency for this referral? \_\_\_\_\_

What problem is the child having *OR* why was the child referred here? \_\_\_\_\_

## FAMILY/SOCIAL HISTORY

Biological Father: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation & Employer: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Biological Mother: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation & Employer: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Child's brothers/sisters:

[illegible]

Does anyone else live with this child and their parents and brothers/sisters? (i.e.: step-parents, other relatives, etc.)\_\_\_\_\_

Are the biological parents currently married to each other?\_\_\_\_\_ If so, how long?\_\_\_\_\_

If the parents were never married, how long have they been involved together or when did their relationship end?\_\_\_\_\_

Are the biological parents divorced/separated? If so, when did the divorce/separation occur and what is the visitation schedule?\_\_\_\_\_

Are the biological parents *re-married*? \_\_\_\_\_ To whom and for how long?\_\_\_\_\_

#### CHILD PROTECTIVE SERVICES HISTORY

Has this child or his/her family ever been involved with Child Protective Services? If yes, please explain the nature of the allegation, who was the alleged offender, and the outcome.\_\_\_\_\_

#### MEDICAL HISTORY

What medications is the child presently taking and what are the dosages? \_\_\_\_\_

Who prescribed the medication?\_\_\_\_\_ For what?\_\_\_\_\_

What has the child been hospitalized for in the past? \_\_\_\_\_

When?\_\_\_\_\_ For how long?\_\_\_\_\_

Has the child ever had seizures, and extended high fever, loss of consciousness or head injury?\_\_\_\_\_

If yes, explain and tell when:\_\_\_\_\_

What aches, pains, or physical discomfort does the child have or complain of? How often?\_\_\_\_\_

Are there recurrent medical problems or complaints? (i.e.: recurrent sinus trouble)?\_\_\_\_\_

How often?\_\_\_\_\_

When was the last hearing exam? \_\_\_\_\_ What were the results?\_\_\_\_\_

Are there frequent ear infections?\_\_\_\_\_

When was the last vision exam?\_\_\_\_\_ What were the results?\_\_\_\_\_

Has the child ever received speech/physical/or occupational therapy? Explain.\_\_\_\_\_

Does the child have any non-purposeful movements or tics? ( i.e.: eye blinking, sniffing) \_\_\_\_\_

Have any of the following occurred in the child's immediate family? Explain who, when, and what side of the family. List any other significant medical history for the immediate family.

seizures	hearing problems	diabetes	birth defects
vision problems	cerebral palsy	neurological problems	allergies
migraine headaches	epilepsy	asthma	speech disorders

Does the child sleep well? **Y/N** Does the child eat well?\_\_\_\_\_

#### SCHOOL/EDUCATIONAL HISTORY

Has the child ever been retained? **Y/N** When?\_\_\_\_\_ Why?\_\_\_\_\_

Does the child receive special education services? **Y/N** If yes, what subjects? \_\_\_\_\_

Are there any behavioral or academic problems at school? **Y/N** If yes, What?\_\_\_\_\_

Does the child receive tutoring? **Y/N** From whom?\_\_\_\_\_ What subjects?\_\_\_\_\_

Is there a history of learning disabilities or problems in the immediate family? Explain. \_\_\_\_\_

#### PSYCHOLOGICAL HISTORY

Has the child had counseling, psychological testing, or received medication for psychological problems elsewhere?

If so, where, when, and what was the diagnosis? What medication(if any) was prescribed?

Circle any of the following that have appeared in the child's immediate family. Specify that family member and explain.

	Family member	Explanation
Mental Retardation		
Emotional Problems		
Drug Abuse/Alcoholism		
Sexual Abuse		
Suicide		
Domestic Violence		
Physical Abuse		
Attention Problems		
Homicide		
Mental Illness		
Psychological Treatment		
Psychiatric Hospitalization		

#### BIRTH/DEVELOPMENTAL HISTORY

Length of Pregnancy \_\_\_\_\_ Birth Weight \_\_\_\_\_ Labor spontaneous or induced? \_\_\_\_\_

Delivery vaginal or Caesarian? \_\_\_\_\_ Were there any complications *during* delivery? \_\_\_\_\_

Were there any problems/complications *after* delivery? \_\_\_\_\_

Did the Mother use drugs, alcohol, cigarettes or caffeine during pregnancy? Y/N How much and how often? \_\_\_\_\_

Did the father regularly use alcohol or drugs at the time of conception? Y/N

Were there any significant stressors in the parents' or child's life during the first years? Y/N

Explain \_\_\_\_\_

Circle the following statements that characterized the child as an infant:

didn't enjoy cuddling	wasn't calmed by being held or stroked	was difficult to comfort	had colic
was excessively restless	was excessively irritable	diminished sleep	frequent head banging
was difficult to nurse	into everything	an easy baby	overly active as a young child

List the approximate age when the child:

Began Walking	Saying individual words	Speaking in Sentences
Bladder trained by night	Bowel trained by day	Bladder trained by day

### BEHAVIOR HISTORY

Please circle any of the following which are problems for this *child at this time*:

lacks self confidence	over sensitive	is shy	disobeys mother
disobeys father	difficulty remaining seated	is stubborn	demand attention
immature behavior	takes that aren't theirs	is truant	refuses to share
trouble w/ juvenile authorities	gets along poorly w/ siblings	feels unhappy	soils herself/himself
concerned with neatness	is nervous and jumpy	is bossy	has temper tantrums
misbehaves at home	shows unusual interests in fire	bed wets	misbehaves at school
has guilt feelings	has sleeping difficulties	headaches	has nightmares
cruelty to others	doesn't tell the truth	is fearful	sexual problems
fear and phobias	easily frustrated	overactive	complains about going to school
cruelty to animals	overly dependent	is messy	is jealous/resentful
has preoccupations with death	overly suspicious	is irritable	eating problems
doesn't show feelings	suicidal thoughts and behaviors	bites nails	bizarre and unusual behaviors
concentration difficulties	stares off into space frequently	is destructive	fidgets with hands, feet
easily distracted	difficulty waiting turn	sucks thumbs	talks excessively
interrupts or intrude on others			

How is the child disciplined and by whom? Do the methods used work? \_\_\_\_\_

### DEMOGRAPHICS

How tall is the child? \_\_\_\_\_ How much does the child weigh? \_\_\_\_\_ Does the child have to use any assistive devices? \_\_\_\_\_

Does the child have to wear glasses, hearing aids? If yes, when did he/she get them? \_\_\_\_\_

What color is the child's hair? \_\_\_\_\_ What color is the child's eyes? \_\_\_\_\_

Does the child have any tattoos, scars, piercings, etc.? \_\_\_\_\_

Does the child have any speech problems or problems communicating? Y/N Explain \_\_\_\_\_

Does the child have any problems with memory? Y/N Explain \_\_\_\_\_